



City of Rochester  
Application for Right-of-Way Permit

FAX (716) 428-6291  
Phone (716) 428-6848

Department of  
Environmental Services

Architecture and Engineering Services  
Permit Office, City Hall, Room 121 -13  
30 Church Street  
Rochester, New York 14614-1279

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax/Pager/Cell \_\_\_\_\_

Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax/Pager/Cell \_\_\_\_\_

Permit Type (Please Check One):

- \_\_\_\_ Excavation (includes New Water or New Sewer Service)  
\_\_\_\_ Street Obstruction/Barricade  
\_\_\_\_ Driveway Work (Resurface, Widen, New Residential, New Commercial, Annual Resurfacing)  
\_\_\_\_ Water Service Abandonment  
\_\_\_\_ Hydrant Use  
\_\_\_\_ Above Surface Encroachment.(Arch. Details, Banner, Bridge, Sign, Sidewalk Cafe, Storm Enclosure, Marquee, Flagpole, Balcony, Fire Escape, Fixed Projection, Light Fixture)  
\_\_\_\_ Below Surface Encroachment (Footings, Foundation Walls, Tunnel, Vault/Areaway)  
\_\_\_\_ Overdimension (Vehicle, Building)  
\_\_\_\_ Annual Maintenance  
\_\_\_\_ Sidewalk Construction/Repair  
\_\_\_\_ New Street Construction/Repair  
\_\_\_\_ Building Wall  
\_\_\_\_ Other

**Work Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Location Information

Address (Number and Street)	Size of Cut	Impact Area (check all that apply)			
		Sidewalk	Pavement	Treelawn	Driveway
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Are drawings attached to this application?   \_\_\_Yes   \_\_\_No

Dates of Proposed Work: From \_\_\_\_\_ To \_\_\_\_\_

Is proposed work being done in conjunction with a city street project ?   \_\_\_Yes   \_\_\_No

If yes, please identify street project:

If granted a permit for the proposed work, I agree to perform all work according to the City of Rochester's Standards for Work in the Right-of-Way and any additional restrictions imposed by the City as a condition of the permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Below this line for internal use only**

*Monument Review*

# of Monuments Impacted: \_\_\_\_\_ Monument Sheet Attached:   \_\_\_Yes   \_\_\_No

\_\_\_\_\_  
Signature of Maps & Surveys Representative

\_\_\_\_\_  
Date

*Project Review*

Work Approved:   \_\_\_Yes   \_\_\_No

Work Begin Date \_\_\_\_\_

Work End Date \_\_\_\_\_

Special Conditions:

\_\_\_\_\_  
Signature of Project Engineer

\_\_\_\_\_  
Date

*Permit Office Review*

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date